

Exercise History and Attitude Questionnaire

Name _____ Date _____

General Instructions: Please fill out this form as completely as possible. If you have any questions, DO NOT GUESS.

1. Please rate your exercise level on a scale of 1 to 5 (5 indicating very strenuous) for each age range through your present age:

15-20 _____ 21-30 _____ 31-40 _____ 41-50 _____ 51+ _____

2. Were you a high school and/or college athlete?

Yes No If yes, please specify _____

3. Do you have any negative feelings toward, or have you had any bad experience with, physical-activity programs?

Yes No If yes, please explain _____

4. Do you have any negative feelings toward, or have you had any bad experience with, fitness testing and evaluation?

Yes No If yes, please explain _____

5. Rate yourself on a scale of 1 to 5 (1 indicating the lowest value and 5 the highest).

Circle the number that best applies.

Characterize your present athletic ability.	1	2	3	4	5
When you exercise, how important is competition?	1	2	3	4	5
Characterize your present cardiovascular capacity.	1	2	3	4	5
Characterize your present muscular capacity.	1	2	3	4	5
Characterize your present flexibility capacity.	1	2	3	4	5

6. Do you start exercise programs but then find yourself unable to stick with them? Yes No

7. How much time are you willing to devote to an exercise program? _____ minutes/day _____ days/week

8. Are you currently involved in regular endurance (cardiovascular) exercise?

Yes No If yes, specify the type of exercise(s) _____

_____ minutes/day _____ days/week

Rate your perception of the exertion of your exercise program (check the box):

Light Fairly light Somewhat hard Hard

9. How long have you been exercising regularly? _____ months _____ years

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10. What other exercise, sport, or recreational activities have you participated in?

In the past 6 months? _____

In the past 5 years? _____

11. Can you exercise during your work day? Yes No

12. Would an exercise program interfere with your job? Yes No

13. Would an exercise program benefit your job? Yes No

14. What types of exercise interest you?

- | | | |
|--|---|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Jogging | <input type="checkbox"/> Strength training |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Traditional aerobics | <input type="checkbox"/> Racquet sports |
| <input type="checkbox"/> Stationary biking | <input type="checkbox"/> Elliptical striding | <input type="checkbox"/> Yoga/Pilates |
| <input type="checkbox"/> Stair climbing | <input type="checkbox"/> Swimming | <input type="checkbox"/> Other activities |

15. Rank your goals in undertaking exercise: What do you want exercise to do for you?

Use the following scale to rate each goal separately.

	Not at all important			Somewhat important				Extremely important		
a. Improve cardiovascular fitness	1	2	3	4	5	6	7	8	9	10
b. Lose weight/body fat	1	2	3	4	5	6	7	8	9	10
c. Reshape or tone my body	1	2	3	4	5	6	7	8	9	10
d. Improve performance for a specific sport	1	2	3	4	5	6	7	8	9	10
e. Improve moods and ability to cope with stress	1	2	3	4	5	6	7	8	9	10
f. Improve flexibility	1	2	3	4	5	6	7	8	9	10
g. Increase strength	1	2	3	4	5	6	7	8	9	10
h. Increase energy level	1	2	3	4	5	6	7	8	9	10
i. Feel better	1	2	3	4	5	6	7	8	9	10
j. Increase enjoyment	1	2	3	4	5	6	7	8	9	10
k. Social interaction	1	2	3	4	5	6	7	8	9	10
i. Other	1	2	3	4	5	6	7	8	9	10

16. By how much would you like to change your current weight?

(+) _____ lb (-) _____ lb